



Department of Taxation and Finance
Office of Real Property Tax Services

RP-467
(8/23)

Application for Senior Citizens Exemption

For help completing this application, see Form RP-467-I, *Instructions for Forms RP-467 and RP-467-Rnw*. You must file this application with your local assessor by the taxable status date. Do **not** file this form with the Office of Real Property Tax Services.

Name(s) of owner(s)					
Mailing address of owner(s) (number and street or PO Box)			Location of property (street address)		
City, village, or post office		State	ZIP code	City, town, or village	
				State	ZIP code
Daytime contact number		Evening contact number		School district	
Email address			Tax map number of section/block/lot: Property identification (see tax bill or assessment roll)		
Name(s) of any non-owner spouse(s)					
Address(es) of primary residence(s) if different from above:					

1 Indicate which documents you included with this application as proof of age of owners (see instructions):

Driver license Birth certificate Other (specify) _____

2 Date you acquired ownership of property (see instructions): _____

3 Indicate document included with application as proof of ownership (see instructions):

Deed Other (specify) _____

4 Do all the owners of the property presently occupy the premises as their legal primary residence? Yes No
If Yes, skip to line 5.

4a Is an owner receiving medical care as an inpatient in a residential health care facility? Yes No
If Yes, list the name and location of the facility.

4b Is the non-resident owner the spouse or former spouse of the resident owner? Yes No
If No, skip to line 5.

4c Are they absent from the residence due to divorce, legal separation, or abandonment? Yes No

5 Is any portion of the property used for purposes other than residential, such as commercial, or professional offices? Yes No
If Yes, explain such use and describe the portion that is so used. _____

6 Did the owner or spouse file a federal income tax return for the applicable income tax year? (see instructions to determine the applicable income tax year) Yes No

If Yes, attach copy of such return (if you did file a return or returns for the applicable income tax year, but do not have a copy, see the instructions).

If No, complete Form RP-467-Wkst, *Income Worksheet for Senior Citizens Exemption*. Any spouse or owner completing RP-467-Wkst should skip questions 7 through 7c

7 List the federal adjusted gross income (FAGI) (*see instructions*) of each owner and spouse of each owner for the applicable income tax year. Attach additional sheets if necessary. (*See instructions to determine the applicable income tax year and the income to be included.*)

A Name of owner(s)	B FAGI
YOU DO NOT HAVE TO COMPLETE THIS SECTION - FOLLOW THE INSTRUCTIONS BELOW	
IF YOU FILE INCOME TAX RETURN: ATTACH COPIES OF your ENTIRE 2023 Federal Income Tax Return/ALL pages & Schedules.	
IF YOU DO NOT FILE INCOME TAX RETURN: You <u>MUST</u> complete the 2023 Income Worksheet (RP-467-Wkst) /	
Rental Income Worksheet (if applicable), submit copies of ALL W-2's, Social Security Statements, 1099's, 1099-INT's,	
1099-DIV's AND proof of any tax-exempt interest (if any).	
7a Total FAGI of owner(s) (<i>add column B</i>)	7a

A Name of spouse(s) if not owner of property	B FAGI
YOU DO NOT HAVE TO COMPLETE THIS SECTION - FOLLOW THE INSTRUCTIONS BELOW	
IF YOU FILE INCOME TAX RETURN: ATTACH COPIES OF your ENTIRE 2023 Federal Income Tax Return/ALL pages & Schedules.	
IF YOU DO NOT FILE INCOME TAX RETURN: You <u>must</u> complete the 2023 Income Worksheet (RP-467-Wkst) / Rental	
Income Worksheet (if applicable), submit copies of ALL W-2's, Social Security Statements, 1099's, 1099-INT's,	
1099-DIV's AND proof of any tax-exempt interest (if any).	
7b Total FAGI of spouse(s) (<i>add column B</i>)	7b
7c Total FAGI of owner(s) and spouse(s) (<i>add lines 7a and 7b</i>)	7c

8 Total income from RP-467-Wkst. Enter **0** if not applicable. 8

9 If a deduction for unreimbursed medical and prescription drug expenses is authorized by any of the municipalities in which the property is located (*see instructions*), enter the unreimbursed medical and prescription drug costs (*deduct any amounts reimbursed by insurance*). 9

10 Of the income specified in line 8 of Form RP-467-Wkst how much, if any, was used to pay for an owner's care in a residential health care facility? Attach proof of amount paid; enter **0** if not applicable (*see instructions*). 10

Note: There are various adjustments to income regarding eligibility for this exemption. Some of the adjustments are subject to local option by your taxing jurisdictions (municipality, school district, and county). The assessor will determine your income after applying the adjustments available in your taxing jurisdictions.

11 Does a child (or children), including those of tenants or lessees, reside on the property and attend a public school, grades Pre-K through 12? Yes No
If Yes, complete lines 11a and 11b.

11a List the name and location of each school: _____

11b Was the child (or were the children) brought into the residence in whole or in substantial part for the purpose of attending a particular school within the school district? Yes No

This form is to be used ONLY for the Senior Citizens Exemption. It is NOT to be used for the Enhanced STAR Exemption, which is a separate exemption. To be eligible for Enhanced STAR, you will either have to apply with the Assessment Office or register with NYS (depending on how you currently receive STAR).

For these STAR forms, please visit: <https://www.tax.ny.gov/star/>

For more information on this Senior Citizen Exemption, please refer to NYS Publication 1091:
<https://www.tax.ny.gov/pdf/publications/orpts/pub1091.pdf>

I (we) certify that all statements made on this application are true and correct to the best of my (our) belief. I (we) understand that any willful false statement of material fact will be grounds for disqualification from further exemption for a period of five years, as well as a fine.

Signature (If more than one owner, all must sign)	Marital status	Phone number	Date

IMPORTANT: DEADLINE TO APPLY IS MAY 1st NO EXCEPTIONS

We recommend that you file by April 1st OR as soon as your tax return is prepared. With the new income limits and new applicants coming into the office, we get very busy and this application requires a significant amount of time to review and process.

For Assessor's Use Only

Date application filed _____

Exemption applies to taxes levied by or for:

Action on application: Approved Disapproved

Proof of age submitted

Proof of ownership submitted

Proof of income submitted

Town _____ %

County _____ %

School _____ %

Village _____ %

City _____ %

Assessor's name <i>(print)</i> Charles J. Zaba
Assessor's signature

Date

INSTRUCTIONS:

IF YOU FILE INCOME TAX RETURN: ATTACH COPIES OF your ENTIRE 2023 FEDERAL INCOME TAX RETURN/ ALL pages & Schedules.

IF YOU DO NOT FILE INCOME TAX RETURN: You **MUST complete the **2023 Income Worksheet** (RP-467-Wkst) / Rental Income Worksheet (if applicable), submit ALL your 1099's, W-2's, Social Security Statements, 1099-INT's, 1099-DIV's AND proof of any tax-exempt interest (if any).**

Also attach **proof of Age FOR ALL OWNERS**, Copy of Deed and a copy of the complete Trust document if the property is in a Trust.

We will notify you if additional information is needed.

Town of Rye Assessor's Office
222 Grace Church Street
Suite 303 Port Chester, NY 10573
914-939-3566, Email: assessor@townofryeny.com

Submission (by no later than May 1st) must be made in paper format which can be hand delivered to our office, mailed, or put in the drop box (Outside the main entrance of 222 Grace Church St.). Please do not send originals. If you need copies, we can make them (if you come in-person).

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